



Buildings

OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

A copy of this completed notice must be retained for re-submission with results.



1 Permit No. 220107033		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough	BRONX	Block	3923	Lot	28
House No	1537	Street Name WHITE PLAINS ROAD			
2 Permit Applicant E-Mail: FASTFLO1472@AOL.COM Business Phone (718) 822-2594 Fax No. (718) 931-6752					
Last Name	GIAMPAPA	First Name	SANTO	M.I.	
Address 59-41 LINDEN ST.		City	RIDGEWOOD	State	NY
ZIP	11385	License No.	1472	☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 06/20/11 (mm/dd/yy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☒ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CELLAR		☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FOB			

4 Notice/Result (Select one: PL, SP, SD only)																				
Systems: Plumbing (PL)			Systems: Sprinkler (SP)			Systems: Standpipe (SD)														
Inspections	Underground		Roughing		Finish		Inspections	Underground		Roughing		Finish		Inspections	Underground		Roughing		Finish	
	Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results
	Pass	Fail	Pass	Fail	Pass	Fail		Pass	Fail	Pass	Fail	Pass	Fail		Pass	Fail	Pass	Fail	Pass	Fail
Sprinkler - PL	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☐	☐	☐	☐														
Storm - PL	☐	☐	☐	☐	☐	☐														
Gas - PL	☐	☐	☐	☐	☒	☐								Alarm Sys 64/09	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐														
Tests						Tests						Tests								
	Notice	Results						Notice	Results						Notice	Results				
	Pass	Fail						Pass	Fail						Pass	Fail				
Hydrostatic - PL	☐	☐	☐					Hydrostatic - SP	☐	☐	☐				Hydrostatic - SD	☐	☐	☐		
Water - Sanitary	☐	☐	☐					Dry Pipe Valve	☐	☐	☐				Fire Pump	☐	☐	☐		
Pressure - Water	☐	☐	☐					Booster Pump	☐	☐	☐									
Water Storm	☐	☐	☐																	
Gas	☐	☐	☐	Gas Tested at psi																
				☐ 3 psi ☐ 50 psi																
Medical Gas	☐	☐	☐	☐ 90 psi ☐ 100 psi																
				☐ 75 Ft ☐ 100 Ft																

Additional Information/Comments: PLEASE SIGN OFF JOB

☐ Submitted with minor variations, described here:

☐ Legalization ☒ Gas to Gas Appliance Direct Replacement ☐ Remove/Cap ☐ Detention ☐ Drywell/Retention

5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s)) ☐ Gas requested for listed meters and risers

No. of Meters: 1 Location(s) (Floor/Apt.): CELLAR(EXISTING) No. of Risers: 1 Location(s) (Floor/Apt.): CELLAR(EXISTING) ☐ Welded Gas Piping

Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer

☐ Cooking ☒ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: FASTFLO1472@AOL.COM Business Phone (718) 822-2594 Fax No. (718) 931-6752

Last Name GIAMPAPA First Name SANTO M.I. Business Name FAST FLO PLBG. & HTG. CORP.

Address 59-41 LINDEN ST. City RIDGEWOOD State NY ZIP 11385 License No. 1472 ☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.

7 Applicant Statements and Signatures ☒ All Comments resolved, review for sign-off ☒ All required back-up documents attached

I certify the statements herein are correct and comply with the NYC Building code. I meet the requirements of the NYC Building code as they relate to the experience requirements set forth for gas tests. I realize falsification of any statement is a misdemeanor under §28-211.1 of the Administrative Code punishable by a fine or imprisonment or both and may result in removal from participation in the self-certification program and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.

Print Name of Certifying Applicant SANTO GIAMPAPA	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) SANTO GIAMPAPA	SEAL
Signature		Signature	
Date 06-21-2011		Date 06-21-2011	

Reviewed by: [Signature], Date: 06-21-11 Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]